

**EXHIBIT 6 – CITED PAGES  
FROM DEPOSITION OF  
ROSE GUBITOSI-KLUG,  
M.D.**

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF OHIO  
EASTERN DIVISION

ALISON O'DONNELL,

Plaintiff,  
vs.

Case No. 1:16-cv-2450  
Judge Donald E. Nugent

**UNIVERSITY HOSPITALS  
HEALTH SYSTEM, et al.,**

## Defendants.

**DEPOSITION OF ROSE A. GUBITOSI-KLUG, M.D.  
Tuesday, August 15, 2017**

13                         The deposition of ROSE A. GUBITOSI-KLUG,  
14 M.D., a Defendant herein, called for  
15 examination by the Plaintiff under the Federal  
16 Rules of Civil Procedure, taken before me,  
17 Diane M. Stevenson, a Registered Diplomate  
18 Reporter, Certified Realtime Reporter, and  
19 Notary Public in and for the state of Ohio,  
20 pursuant to notice, at The Spitz Law Firm,  
21 25200 Chagrin Blvd., Suite 200, Beachwood,  
22 Ohio, commencing at 9:51 a.m., the day and date  
23 above set forth.

Stevenson Reporting Service, Inc.  
2197 Macon Court Westlake, Ohio 44145  
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1       booked out, especially when we are having  
2       outside speakers come in and talk to us.

3 Q.     So then somebody is going to be speaking. And  
4       then at that point somebody can jump in with a  
5       question, either a faculty member or a fellow,  
6       and questions can be posed to the fellows,  
7       "Hey, how would you handle this specific  
8       situation?" Or "What do you think about this,"  
9       that type of stuff, right?

10:57 10 A.    Yeah, I mean, absolutely. Wednesday is --  
11       Wednesday is mandatory because it is our only  
12       time where we are all together that we can do  
13       the true kind of teaching that is required of  
14       an academic subspecialty training program.

15           I mean, it is kind of -- this is our  
16       sacred time to really be all together with our  
17       fellows as a group to go over the most  
18       challenging cases.

19           You could be on inpatient service for  
20       three years and never treat a patient with a  
21       rare condition called thyroid storm. How do  
22       you learn? I mean, I never saw a thyroid storm  
23       patient in my three years of fellowship.

24           But on these Wednesday meetings faculty  
25       would present a case. I would then present the

1 management to residents in the PICU, I would do  
2 a lecture on it. So I would learn that way,  
3 because some of the cases are so rare, you are  
4 never going see in your three years.

5 But I learned how to do the medical  
6 management from these Wednesday conferences and  
7 then from presenting.

8 So I will tell you, day one as an  
9 assistant professor, first patient in the PICU,  
10:58 10 thyroid storm. And I knew how to do it because  
11 of Wednesday meetings. So these meetings are  
12 essential to giving, imparting the knowledge to  
13 the fellows of these very rare cases.

14 And in outpatient clinic, patients are  
15 assigned to the schedule randomly, nobody is  
16 purposely given the most challenging patients.  
17 I mean, they just -- patients call, new  
18 patient, they are put on a schedule.

19 We tend to try to get a lot of new  
20 patients for fellows because that is where the  
21 real learning is. They can see some of my  
22 follow-ups, but the new patient is when you get  
23 to really kind of see them fresh and think  
24 about how you would prioritize their work-up.

25 So we need to talk about these challenging

1 cases on Wednesday. So the fellow would,  
2 typically, their presentations are they start  
3 with the case. I mean, that is how we all  
4 learn. We start with the case, and maybe it is  
5 a simple case, but in your differential of what  
6 might be going on, you consider some rare  
7 things, and occasionally that is what the kid  
8 has.

9 And then you would break into, and the  
10:59 10 heart of your presentation would really be, the  
11 pathophysiology of that disease. What do we  
12 understand? Do we understand the genetics of  
13 it? Is it inherited. How is it inherited in  
14 the family?

15 As a subspecialist, you are expected to  
16 know the detailed biochemistry. In our area it  
17 is a lot of biochemistry. That is what you  
18 expect.

19 General pediatricians understand the  
20 surface, but we are supposed to be able to have  
21 the in-depth.

22 So on these Wednesday conferences we are  
23 able to see, again: Are the fellows making  
24 that jump from being the general pediatrician  
25 to now being that subspecialty expert?